



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-03)

Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/822,952	
	Filing Date	March 30, 2001	
	First Named Inventor	Charles David Claude	
	Group Art Unit	1616	
	Examiner Name	Konata M. George	
Total Number of Pages in This Submission (excluding references)	3	Attorney Docket Number	50623.169

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input type="checkbox"/> Response <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (___ month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input type="checkbox"/> Express Mail Label No. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) Formal 1 Sheet with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	March 24, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: March 24, 2003			
Typed or printed name	Rebecca M. Klits		
Signature		Date	March 24, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Examiner: Konata M. George

Charles David Claude

Serial No.: 09/822,952

Art Unit: 1616

Filed: March 30, 2001

Title: Controlled Morphologies In Polymer Drug For Release Of Drugs From Polymer Films

Attention: Official Draftsperson
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF FORMAL DRAWINGS

Dear Official Draftsperson:

Applicants submit herewith for filing one sheet of formal drawings consisting of Figures 1, 2, 3a, 3b, and 3c, for the above-referenced application.

The Commissioner is hereby authorized to charge payment for any deficiency of required fees associated with this communication to Deposit Account 07-1850.

Date: March 24, 2004

SQUIRE, SANDERS & DEMPSEY L.L.P.
One Maritime Plaza, Suite 300
San Francisco, CA 94111
Telephone (415) 954-0200
Facsimile (415) 393-9887

Respectfully submitted,

Cameron K. Kerigan
Attorney for Applicant
Registration No. 44,826